PARI D - PECIOS INMISSISTIMA	PA	RTB	- FEE(S)	TRANSMITTAL
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Complete and sand this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

SEP 13 2007

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Karin Smith	(Depositor's name)
Harin Smith	(Signature)
September 13, 2007	(Date)

		·	$\mathcal{H}$	arin Si	mit	h	(Signature)		
•				eptember		2007	(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.		
10/773,666	02/06/2004		Thomas Stein	89/14	/2007 h	INGIAANO AAAAAA	91 500507 <sup>7524</sup> 10773666		
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nonprovisional .	YES	\$700	\$300	\$0		\$1000	11/20/2007		
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			or agents OR, alternativ	vely,			. Fasse		
			(2) the name of a single registered attorney or a	agent) and the nat	a memo mes of u	p to			
			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME	ND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or ty)	pe)					
PLEASE NOTE: Un	iless an assignee is iden th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NC	data will appear on the p of a substitute for filing an	atent. If an assig assignment.	mee is ic	dentified below, the	document has been filed for		
(A) NAME OF ASSI		•	(B) RESIDENCE: (CITY						
Stein &	Co. GmbH		Velbert,	Fed. Rep	p. o	f Germany	•		
Please check the approp	riate assignee category o	r categories (will not be p	rinted on the patent):	Individual 🖾 (	Corporati	ion or other private	group entity Government		
4a. The following fee(s)			b. Payment of Fee(s): (Plea	-					
Issue Fee			A check is enclosed.						
Publication Fee (	No small entity discount	permitted)	<ul> <li>☑ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0507 (enclose an extra copy of this form).</li> </ul>						
Advance Order -	# of Copiesdefi	clency:	overpayment, to Depo	y authorized to ch osit Account Num	ber <u>50</u>	-0507 (enclose	e an extra copy of this form).		
5. Change in Entity St	atus (from status indicate	ed above)							
D a Applicant clair	ne SMALL ENTITY stat	tus. See 37 CFR 1.27.	b. Applicant is no lon	iger claiming SM	ALL EN	TITY status, See 37	CFR 1.27(g)(2).		
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Authorized Signatur	1,48	M Fa	se-			er 13, 20			
Typed or printed par				<ul> <li>Registration</li> </ul>					
This collection of informan application. Confide	mation is required by 37 ntiality is governed by 3	CFR 1.311. The informat 5 U.S.C. 122 and 37 CFR	ion is required to obtain or	retain a benefit by	the pub	lic which is to file ( s to complete, inclu	and by the USPTO to process) ding gathering, preparing, and firm you require to complete		

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete submitted that form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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WALTER F. FASSE

60-G MAIN ROAD NORTH, P.O. BOX 726 HAMPDEN, MAINE 04444-0726 U.S.A. TELEPHONE: 207-862-4671 TELEFAX: 207-862-4681 WOLFGANG G. FASSE Of Counsel

Our Case No: 4617

## **TELEFAX COVER SHEET**

DATE: September 13, 2007

TO: MS ISSUE FEE

COMMISSIONER FOR PATENTS

**FAX NO.:** 571-273-2885

FROM: WALTER F. FASSE, ESQ.

FASSE PATENT ATTORNEYS, P.A.

RE: Applicant: Thomas STEIN

USSN: 10/773,666

Filed: February 6, 2004

Title: Exhaust Filter Arrangement For Vacuum Cleaner

Housing

TOTAL NUMBER OF SHEETS BY TELEFAX: 3 (INCLUDING COVER SHEET)

NOTE: We are enclosing:

a) Issue Fee / Publication Fee Transmittal (Form PTOL-85);

b) Credit Card Payment (Form PTO-2038) (\$1000.00);

e) Transmittal of Supplemental Declaration;

d) Supplemental Declaration.

W.F.Fasse CERTIFICATE OF FAX TRANSMISSION:

Reg. No.: 36132

I hereby certify that this correspondence with all indicated enclosures is being transmitted by telefax to 571-273-2885 on the date indicated below, and is addressed to: Commissioner for Patents, Alexandria, VA 22313-1450

Karin Smith-September 13, 2007

Karin Smith - September 13, 2007

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